



Micaceous Mineral Mines License Tax

For quarter ending _____

Title 15, Chapter 37, Part 2, MCA

For Department Use Only	Name:		
	Address:		
	Address:		
	City:	State:	Zip Code:
1. FEIN:		2. Account ID:	
3. Period:		4. If this is an amended return, check here <input type="checkbox"/>	
5. If you are no longer in business and want your account cancelled, enter the final date _____			
6. If your mailing address has changed, check the box and print new address below: <input type="checkbox"/> _____ _____			
7.	Calendar Year Quarter	Check Applicable Quarter	Number of Tons Produced
	January -March	<input type="checkbox"/>	
	April - June	<input type="checkbox"/>	
	July - September	<input type="checkbox"/>	
	October - December	<input type="checkbox"/>	

Computation of License Tax Due

8. Five cents per ton produced.....\$

Returns are due 30 days after the end of each calendar quarter. Penalties and Interest will be applied if late.

I hereby swear or affirm under penalty of perjury that the statements contained herein are true to the best of my knowledge.

Signature _____

Title _____ Phone _____ Date _____

Mail this return to:
Department of Revenue, PO Box 5805, Helena MT 59604-5805



**Micaceous Mineral Mines License Tax
(MMM)**

Payment Instructions

Attention: Montana Department of Revenue Cashier

Complete the payment coupon below to ensure proper credit of your payment. If you are paying taxes for multiple periods, submit a separate check or money order and a separate coupon for **each** period. On the memo line of your check, please note your FEIN or account ID and the reporting period for which the payment applies.

Boxes 1 and 2 – Print an “X” in **one** box only for the type of payment you are remitting:

Check box 1, if your payment is for an original return for any period.

Check box 2, if your payment is for an amended return.

Box 3 – Enter the reporting period for which this payment applies.

Box 4 – Enter your federal employer identification number (FEIN).

Box 5 – Enter the amount you are remitting. (This amount should be the same amount as reported on line 8 of your return).

Name _____

Address _____

City, State, Zip Code _____

Phone _____

Mail this entire form with your check or money order and return to:

Department of Revenue

PO Box 5805

Helena, MT 59604-5805

Questions? Call (406) 444-6900.

Make check or money order payable to the Department of Revenue.

**Micaceous Mineral Mines License Tax
Payment Form**

☐ 1. Original return

☐ 2. Amended return

3. Period ending month day year
 / /

4. Federal employer
identification
number (FEIN) -

5. Amount paid